IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC		Attorney Docket No.			117961		
P.O. Box 19928 Alexandria, Virginia					Date:	Decembe	er 17, 2003
Telephone: (703) 836 Facsimile: (703) 836-		MAIL STOP PATENT APPLICATION					
Customer Number:	NON	NPROVISION	NAL APPLI RULE §	N TRANSMITTAL			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				3	(-)		99 99
Sir:	5-1430						7365
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application							31356
For (Title):	INFORMATION DISPLAY SYSTEM						
By (Inventors):	Yumi SHIBATA, Toru SAKAI, Kunihiro YAMADA						
Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to AISIN AW CO., LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-364704 filed 12/17/2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith. This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies the the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing. The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE SMALL ENTITY OTHER THAN A SMALL ENTITY							
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE
BASIC FEE				\$ 385	<u>OR</u>		\$ 770
TOTAL CLAIMS	15 - 20	= 0	x 9=	\$	<u>OR</u>	x 18	\$
INDEP CLAIMS	1 - 3	= *0	x 43 =	\$	<u>OR</u>	x 86	\$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 145 =	\$	OR	+ 290	\$
* If the difference is less than zero, enter "0".			TOTAL	\$	<u>OR</u>	TOTAL	\$ 770
Check No. 149358 in the amount of \$770 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to							

credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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